

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937509** FILING DATE **04 FEB 2002**
APPLICANT(S) **Ishibashi**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
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37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46	/						96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	7						TOTAL IND.	1					
TOTAL DEP.	43						TOTAL DEP.	2					
TOTAL CLAIMS	50						TOTAL CLAIMS	3					

BEST AVAILABLE COPY